SJM CRMD LEGAL DEPT.

RECEIVED CENTRAL FAX CENTER 2 002

AUG 0 3 2005

	·		PART I	3 - FEE(S)	TRANSMITTAL	\mathcal{O}		
,	Complete and send this form, together with applicable for				Commissioner F P.O. Box 1450	E FEE or Patents ginia 22313-1450	~	
					Fax (703) 746-4000	(703) 746-4000		
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Putent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.							
	CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block I for	any change of padress)		Note: A certificate of	mailing can only be used t	for domestic mailings of the	
	36802 7.			Fee(s) Transmittal. To papers. Each addition have its own certificat	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	PACESETTER,	INC.						
	15900 VALLEY VIEW COURT \$YLMAR, CA 91392-9221				I bereby certify that to States Postal Service addressed to the Ma transmitted to the USI	Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
08/05/20	05 CHGUYEN1 00000028			Cristene		(Depositor's name)		
01 FC:15	01 1400.00 DA			Choton	- Cular	(Signature)		
02 FC:15 03 FC:80	04 300.00 DA				8/3	65	(Daie)	
V3 FC-60	1 APPLICATION NB. DA FILING DATE			FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/052,776 01/18/2002			Christopher	R. Jenney	A02P1008	4220	
	FABRICATING SAME				OR MORE CONDUCTIVE			
•	APPLN. TVPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE	TOTAL FRE(S) DUE	DATE DUE	
	nonprovisional NO		\$1400		\$300	\$1700	08/08/2005	
	EXAMINER		ART UNIT		CLASS-SUBCLASS]		
	GETZOW, SCOTT M		3762		607-122000			
	Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
	"Fee Address" indicar PTO/SB/47; Rev 03-02 o Number is required.	ree Address" indication (or "Fee Address" Indication form SB/47; Rev 03-02 or more recent) attached. Use of a Chatomer		(2) the name of a single firm (having as a member a registered attenue) or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 steed, no name will be printed.				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) PACESETTER, INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 15900 Valley View Co							
		indication, i	110.				CA 91392-9221	
	Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔲 Government							
	4a. The following fee(s) are o			Payment of I				
	Listuc Fee			A check in the amount of the fee(s) is enclosed.				
	Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is atrached.				
	Advance Order • # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to coolst Account Number 15-0068 (enclose an extra copy of this form).			

13/05 Authorized Signature Date Derrick Reed 40,138 Typed or printed name Registration No. This collection of information is required by 37 CFR 1.311. The information is required in obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Parent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria. Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria. Virginia 22313-1450.

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Panengand Testionark Office.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

5. Change in Entity Stutus (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RECEIVED CENTRAL FAX CENTER

TELECOPIER COVER SHEET

AUG 0 3 2005

August 3, 2005

To: Assistant Commissioner for Patents	From: Cristene Amador Senior Patent Assistant 818/493-3103		
Attention: BOX ISSUE FEE	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221		
Telecopier: 571/273-2885	Telecopier: 818/362-4795		
RE: Payment of ISSUE FEE Applic. No. 10/052,776 Filed: 01/18/2002 Docket No. A02P1008	Number of pages being sent: _2_ (including cover page)		

RECEIVED OIPE/IAP

AUG 0 5 2005